

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL
OR OUTDOOR PROGRAMS
(301 S PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2392 FAX (406) 841-2305
E-MAIL: dlibsdpap@mt.gov WEBSITE: <http://www.paarp.mt.gov>**

ILLEGIBLE OR INCOMPLETE REGISTRATION APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date that the Board has a complete registration application)

PROGRAMS/FACILITIES REQUIRED TO REGISTER UNDER TITLE 37, CHAPTER 48:

- ◆ Provides a structured, private, alternative residential setting for youth who are experiencing emotional, behavioral, or learning problems and who have a history of failing in academic, social, moral, or emotional development at home or in less-structured traditional settings, regardless of the length of stay.

PROGRAMS/FACILITIES THAT ARE NOT INCLUDED IN THE REGISTRATION:

- ◆ any program that is required to be licensed or regulated by the state under Title 50, 52, or 53;
- ◆ recreational programs such as Boy Scouts, Girl Scouts, or 4-H clubs;
- ◆ organizations, boarding schools, or residential schools with a sole focus on academics;
- ◆ residential training or vocational programs with a sole focus on education and vocational training;
- ◆ youth camps with a focus on recreation and faith-related activities; or
- ◆ an organization, boarding school, or residential school that is an adjunct ministry of a church incorporated in the state of Montana.

FEES:

Registration Fees are calculated according to participant capacity based on average daily census:

(Average Daily Census)

"Average Daily Census is derived by taking the # of service days (all of the adolescents on the days, multiplied by the number of days), totaling all of the days and dividing by 365. For example if a facility has 9 adolescents at it's facility on one day, then 10 on the next day that would be 19 total service days. The formula would actually determine the actual number of service days, 50 students on one day will be 50 service days. A service day is considered all or any portion of a twenty-four hour period in which service is provided to one participant." ***New programs will need to project their number of participants serviced.**

0-10 Participants	\$ 750
11-50 Participants	\$1,750
51-100 Participants	\$2,000
101or more Participants	\$3,000

****Make check or money order payable to:
Montana Board of Private Alternative Adolescent Residential or Outdoor Programs****

ALL FEES ARE NON-REFUNDABLE

DOCUMENTS AND/OR ADDITIONAL INFORMATION TO BE SUBMITTED WITH COMPLETED REGISTRATION APPLICATION:

1. a detailed description of the program and facility
2. a detailed description of the population served by the program
3. the location and contact information for each program, including the person responsible for the conduct of the program
4. a list of professional and supervisory employees and relevant credentials and other qualifications
5. the average daily census
6. a copy of program policies and procedures on:
 - a. admission
 - b. behavior management
 - c. communication with family members
 - d. the availability of routine and emergency medical and psychological care
 - e. medication management
 - f. complaint or grievance procedures

APPLICATION PROCEDURES

- ◆ When the registration application is complete, it will be reviewed and processed by Board staff.
- ◆ Keep the Board office informed at all times of any changes to the registration application, such as ownership, business registration type or name, contact information, address, telephone, program manager or administer.

PROCESSING PROCEDURES

- ◆ A registration application may take up to 10 working days to process from the time registration application is complete.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a registration application is processed a registration certificate will be issued to the program.
- ◆ Each Program Registration is **non-transferable from one owner(s) to another**.
- ◆ A new facility must apply for registration and must meet the registration requirements established by statute and rule.
- ◆ Fees will not be prorated for portions of the biennium.
- ◆ Program registrations for 2005 shall expire December 31st biennially (2007).

For information with regard to the processing of this application or other concerns please contact the Board of Private Alternative Adolescent Residential or Outdoor Programs at 406-841-2392 or email us at dlibsdpap@mt.gov.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR OUTDOOR PROGRAMS AT OUR WEBSITE:
<http://www.paarp.mt.gov>

**MONTANA BOARD OF PRIVATE ALTERNATIVE
ADOLESCENT RESIDENTIAL PROGRAMS
(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513**

Helena, Montana 59620-0513

(406) 841-2392

FAX (406) 841-2305

BOARD E-MAIL: dlibsdpap@mt.gov

BOARD WEBSITE: <http://www.paarp.mt.gov>

Allow 10 days from the date the Board has a complete application file for registration.

Application for Registration as:

☐ PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR

☐ OUTDOOR PROGRAMS

☐ NONE – THE BELOW NAMED PROGRAM DOES NOT QUALIFY FOR REGISTRATION.

RATIONALE: _____

AVERAGE DAILY CENSUS: ☐ 0-10 Participants ☐ 11-50 Participants ☐ 51-100 Participants ☐ 101+ Participants

1. BUSINESS ENTITY: ☐ Sole Proprietorship ☐ Partnership ☐ Other _____
☐ Limited Liability ☐ Professional Corporation ☐ Non-Professional Corporation

2. BUSINESS STATUS: ☐ Non-Profit OR ☐ For Profit
☐ In-State OR ☐ Out-of-State

If the Business is incorporated out-of-state, list the State of Incorporation _____

Please provide the address of your Corporate Headquarters _____

3. Business Date Established _____ Registered in MT ☐ Yes ☐ No

4. BUSINESS ENTITY NAME _____

5. FEDERAL TAX ID# _____ OR SOCIAL SECURITY # _____

6. BUSINESS PHYSICAL ADDRESS _____
Street City State Zip

7. BUSINESS MAILING ADDRESS _____
Street City State Zip

8. BUSINESS TELEPHONE NUMBER (_____) _____ (_____) _____
Business Fax

9. BUSINESS E-MAIL ADDRESS _____

10. PLEASE NAME THE INDIVIDUAL WHO IS RESPONSIBLE FOR THE CONDUCT OF THE PROGRAM

Name Position Contact Phone Number

11. LIST ALL OWNER'S NAMES OR IF YOUR BUSINESS IS A CORPORATION LIST ALL OFFICER'S NAMES: (Please provide other names on a separate sheet of paper and attach to the registration application.)

Last	First	MI	Phone #	Credential #, Lic.#
Last	First	MI	Phone #	Credential #, Lic.#
Last	First	MI	Phone #	Credential #, Lic.#
Last	First	MI	Phone #	Credential #, Lic.#

12. PLEASE LIST ALL PROFESSIONAL AND SUPERVISORY EMPLOYEES AND REVELANT CREDENTIALS AND OTHER QULAIFICATIONS: (Please provide other qualifications on a separate sheet of paper and attach to registration application.)

[illegible]

13. Please list entities that provide ongoing services directly to program participants. (i.e. Public schools, clinics, hospital, social services)

Name of the Entity	Address	Phone #	Contact Person
Name of the Entity	Address	Phone #	Contact Person
Name of the Entity	Address	Phone #	Contact Person
Name of the Entity	Address	Phone #	Contact Person

14. Please list your facility accredited/certified/licensed/registered.

Name of Accrediting/Certifying/Licensing/Registering Agency	Designation	Date Granted or Re-certified	Current
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

15. Please list any Professional Association of your facility.

Name of Professional Association	Designation	Date Granted or Re-certified	Current
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

16. Would you like your web site address listed on the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs web site? ☐ Y ☐ N

Web Site Address: _____

AFFIDAVIT

As the Person-In-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.